

**Indian Health Service Hospital, Outpatient (Tribal)**

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your Provider Enrollment/Revalidation Packet.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- ☐ Documentation showing Tax Payer Identification Number (SS-4 or CP575 or W-9)
- ☐ Bureau of Health Care Quality and Compliance (BHCQC) license
- ☐ Certification from Medicare, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association (AOA)

*You do not need to submit this checklist with your enrollment/revalidation documents.*